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<div style="display: flex; justify-content: space-between;"><div>0010/PTO Rev. 6/95</div><div>U.S. Department of Commerce Patent and Trademark Office</div></div> <div style="text-align: center; margin-top: 20px;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div style="margin-top: 20px;"><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing</div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 35%;">Attorney Docket Number</td><td>C 2774 PCT/US</td></tr><tr><td>First Named Inventor</td><td>BIEHL, Petra</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	C 2774 PCT/US	First Named Inventor	BIEHL, Petra	COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	C 2774 PCT/US														
First Named Inventor	BIEHL, Petra														
COMPLETE IF KNOWN															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR PRODUCING A BENZOATE

(Title of the Invention)

the specification of which ☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

04/30/2004

 as United States Application Number or PCT International

Application Number

PCT/EP2004/004589

 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
103 21 107.1	Germany	05/09/2003	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box → ☐

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/004589	04/30/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐

OR

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Petra	Middle Initial		Family Name	BIEHL	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Neuss	State		Country	Germany	Citizenship	German
Post Office Address	Deutzer Strasse 41						
Post Office Address							
City	41468 Neuss	State		Zip		Country	Germany
				Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box → ☐

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Andreas	Middle Initial		Family Name	SUESSENBACH	Suffix e.g. Jr.	
Inventor's Signature					Date		
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Post Office Address							
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						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Albrecht	Middle Initial		Family Name	SCHWERIN	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	German
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Post Office Address							
City	40217 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Georg	Middle Initial		Family Name	FIEG	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Hamburg	State		Country	Germany	Citizenship	German
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Post Office Address							
City	21075 Hamburg	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Heinz-Josef	Middle Initial		Family Name	KRUEPPEL	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Grevenbroich	State		Country	Germany	Citizenship	German
Post Office Address	Am Limpertzhof 6						
Post Office Address							
City	41515 Grevenbroich	State		Zip		Country	Germany
						Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto						

Type a plus sign (+) inside this box → ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet										
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name	Konstantinos			Middle Initial			Family Name	SCHOLINAKIS			Suffix e.g. Jr.									
Inventor's Signature									Date											
Residence: City		Monheim			State				Country		Germany		Citizenship		Greek					
Post Office Address		Leienstrasse 13																		
Post Office Address																				
City		40789 Monheim			State				Zip				Country		Germany		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.									
Inventor's Signature									Date											
Residence: City					State				Country				Citizenship							
Post Office Address																				
Post Office Address																				
City					State				Zip				Country				Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.									
Inventor's Signature									Date											
Residence: City					State				Country				Citizenship							
Post Office Address																				
Post Office Address																				
City					State				Zip				Country				Applicant Authority			
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Given Name				Middle Initial			Family Name				Suffix e.g. Jr.									
Inventor's Signature									Date											
Residence: City					State				Country				Citizenship							
Post Office Address																				
Post Office Address																				
City					State				Zip				Country		Germany					
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																				